## **DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

Docket No. <u>884.0198USU</u>

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled:

## **NAIL CARE SYSTEM**

(Number) (Country) (Day/Mon/Year Filed)  Yes  (Number) (Country) (Day/Mon/Year Filed)	the specification of which			•
and was amended on	(check one)	_ is attached hereto	<b>)</b> .	
specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the examination of this application as defined in Title 37, Cod Federal Regulations, §1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filling date before that the application on which priority is claimed:    Prior Foreign Application(s)	<u>X</u>			
known to me to be material to the examination of this application as defined in Title 37, Cod Federal Regulations, §1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that the application on which priority is claimed:    Prior Foreign Application(s)	•			
application(s) for patent or inventor's certificate(s) listed below and have also identified belo any foreign application(s) for patent or inventor's certificate(s) having a filing date before that the application on which priority is claimed:    Prior Foreign Application(s)	known to me to be materia	al to the examination		
(Number) (Country) (Day/Mon/Year Filed)  Yes  (Number) (Country) (Day/Mon/Year Filed)  Yes  Yes  Yes	application(s) for patent or any foreign application(s)	r inventor's certificate for patent or inventor	(s) listed below and have also	identified below
(Number) (Country) (Day/Mon/Year Filed)  Yes  (Number) (Country) (Day/Mon/Year Filed)  Yes	Prior Foreign Application(s)			<b>Priority Claimed</b>
(Number) (Country) (Day/Mon/Year Filed) Yes	(Number)	(Country)	(Day/Mon/Year Filed)	Yes No
	(Number)	(Country)	(Day/Mon/Year Filed)	Yes No
	(Number)	(Country)	(Day/Mon/Year Filed)	Yes No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

60/400,751 (Application Serial No.)	August 2, 2002 (Filing Date)	<u>PENDING</u> (Status - patent, pend., abandon.)	
(Application Serial No.)	(Filing Date)	(Status - patent, pend., abandon.)	
(Application Serial No.)	(Filing Date)	(Status - patent, pend., abandon.)	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

NAMES	REGISTRATION NUMBERS	
Charles N.J. Ruggiero	28,468	
Paul D. Greeley	31,019	
Lawrence Cruz	36,385	

SEND CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:
Charles N.J. Ruggiero, Esq.	
Ohlandt, Greeley, Ruggiero & Perle, L.L.P.	Charles N.J. Ruggiero, Esq.
One Landmark Square, 10 <sup>th</sup> Floor	Telephone: (203) 327-4500
Stamford, Connecticut 06901-2682	Telefax: (203) 327-6401

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	FUNG	KAM	FAI
RESIDENCE &	CITY	STATE OR COUNTRY	CITIZENS
CITIZENSHIP	Company Company		HIP
	HONG KONG	CHINA	CHINA
POST OFFICE	P.O. ADDRESS	CITY & STATE	ZIP
ADDRESS	20/F		CODE
	BLOCK 7, FLAT D, 2F)	HONG KONG, CHINA	
	MELODY GARDEN,		
	TUEN MUN, HONG		
	KONG, CHINA		

Inventor's signature Kam Fai Fung Date Sept 29, 200